U.S. Palent and Trademark Reduction And 1935, his persons are required to respond to a collection of information unless it distributes a valid Differential number.

PATENT APPLICATION FEE DETERMINATION PERSONAL PROPERTY APPLICATION FEE DETERMINATION PERSONAL PROPERTY APPLICATION FEE DETERMINATION PERSONAL PROPERTY IN A VALUE OF THE PROPERTY NEW TORSONAL PROPERTY NEW TORSO PATENT APPLICATION FEE DETERMINATION RESERVE Application of Dooker Humps APPLICATION AS FILED - PARTI (Column 1) (00lymn 2) SMALL BUTTLY OTHER THAN .PR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA RATE (\$ (1) OFR 1.16(a).(b); or (c) FEE (8) N/A RATE (\$) FEE (\$) HVA BEARCH FEE MI OFFITIEN, ID, OI (INV) · NA N/A N/A NA EXAMINATION FEE (4) OF (4) NA N/A N/A HKA NIA TOTAL CLAIMS NA 7 OFR 1.16(1) minus 20 = MDEPENDENT OLAIMS B7 OFR 1,18(N) EB: = OR 50 minus 8. x 105 = If the specification and drawings exceed 100 200 = APPLICATION BIZE cheels of paper, the application size lee due is \$250 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(5)) 35 U.S.C. 41(a)(1)(G) and 37 OFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.18(1)) 185 If the difference in column 1 is less than zero, enter *0* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS REHAMING HIGHEST NUMBER PREVIOUSLY PAID FOR SMALL ENTITY PRESENT EXTRA AFTER RATE (\$) ", YOU! AMENDMENT RATE (\$) ADDI: FEE (\$) total. Minus TIONAL FEE (\$) x 25 Independent PIDER LIGHT bк x • 50 Q Application Size Fee (37 CFR 1.16(s)) x 105 210 = **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 340 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Columnia) CLAIMS HIGHEST REMAINING AFTER NUMBER PREVIOUSLY PRESENT EXTRA RATE (\$) ADDI-TIONAL FEE (\$) RATE (\$) ADDI-TIONAL FEE (\$) MENDMENT: PAID FOR Total or cert 1.1500 Minus histopendent by officient x 25 Minus × 50 OR' Application 8the Fee (37 CFR-1.18(8)) x 105 x 210 OR. (Dal.) REO TR, MIAJO THEOHER EJERTUM TO HOITATHEER TENT IBS 3 70. TOTAL ADD'L FEE

If the stary in column 1 is less than the entry in column 2, write or in column 3.

If the Highest Humber Previously Paid For in This space is less than 20, enter 20.

The Highest Humber Previously Paid For in This space is less than 20, enter 30.

The Highest Humber Previously Paid For in This space is less than 3, enter 30.

This collection of Information is required by 37 OFR 1.16. The Information is required to obtain or retain a genetic by the public Which is to file (and by the including gathering, preparing, and submitting the combined application to the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Opinion Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND THES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, ball (-800-PTO-8164 and select ortifor 2.